Brooklyn Law School
Documentation Guidelines for Reasonable Accommodation Requests

Schools may establish reasonable standards for documentation. All students who complete Brooklyn Law School Reasonable Accommodation Request Forms must submit documentation to support their requests. These Guidelines are intended to give students assistance in providing documentation that will allow the Law School to determine whether students have disabilities[1] for which accommodations should be provided in an academic setting. These Guidelines are not meant to replace the case-by-case assessment process of an accommodation request. They are meant to enhance the interactive process between the school and the student.

Students are asked to share these Guidelines with the health professional who is preparing the documentation in support of a reasonable accommodation request. The documentation should contain sufficient information to decide what constitutes an appropriate academic adjustment. The request forms, (which are located on the BLS website at www.brooklaw.edu/policies and on the BLS Connect Policy Page at https://blsconnect.brooklaw.edu/administrative/policies/Pages, and supporting documentation are to be submitted for consideration via electronic mail to accomodations@brooklaw.edu.

PLEASE NOTE that receipt of accommodations at the Law School does not guarantee accommodations will be granted for bar exams. Students should look at the accommodation documentation requirements of the state boards of law examiners, since it may be advantageous to obtain documentation for a Law School accommodation request which may also be used for a bar exam. Because the documentation guidelines vary from state to state, students should check the guidelines for the states in which they expect to practice law. The New York State guidelines can be found at http://www.nybarexam.org/ADA/ADA.htm.

I. General Documentation Guidelines

1. **Licensed, Qualified Health Care Providers/Evaluators:** All medical documentation must come from Qualified Health Care Providers or Evaluators who are defined as licensed or certified individuals who evaluate and diagnose physical, mental, or neurological, chronic health conditions, or learning disabilities. Qualified Health Care Providers or Evaluators include medical doctors, surgeons, chiropractors, optometrists, audiologists, physical therapists, speech therapists,

[1] *A physical or mental impairment* is: (1) an impairment of any system of the body, including but not limited to the neurological system; the musculoskeletal system; the special sense organs and respiratory organs, including, but not limited to, speech organs; the cardiovascular system; the reproductive system; the digestive and genito-urinary systems; the hemic and lymphatic systems; the immunological systems; the skin; and the endocrine system; or (2) a mental or psychological impairment. This definition includes learning disabilities, pregnancy, and pregnancy-related conditions. In the case of drug addiction, alcoholism, or other substance abuse, the term "disability" applies only to a person who: (1) is recovering or has recovered; and (2) currently free of such abuse. It does not include an individual who is currently engaging in the illegal use of drugs or abusing alcohol in violation of the Law School's policies.

neuropsychologists, and other relevantly trained health care professionals. It is essential that the qualifications of the Health Care Provider/Evaluator include: (1) comprehensive training and relevant expertise in the specialty; and (2) appropriate licensure/certification. *The health care provider who authors the report should have personally evaluated or examined the test taker*. Documentation may be provided from more than one source when a clinical team approach employing a variety of professionals has been used.

2. **Self-assessments are Insufficient:** Self-assessments, self-reporting, and self-diagnosis will not be accepted as the sole support for an accommodation request.

3. **No Documentation from Family Members:** A diagnosis of a medical condition submitted by a family member will not be accepted because of professional and ethical considerations, even if the family member is an otherwise licensed, qualified health care provider.

4. **Specific Diagnosis/Current Treatment/Medication or Treatment:** The documentation must: (1) contain a specific diagnosis; and (2) set forth the current, relevant treatment; and (3) list any current, relevant medications or therapies that may interfere with the student's academic studies (including testing) and extracurricular participation.

5. **Episodic Medical/Psychological Conditions:** If a medical/psychological condition is episodic or transitory, the documentation should include the frequency and duration of the student's current functional limitations and the need for the requested accommodations. The nature, severity and extent of the student's condition and the functional limitations as they relate to the academic setting should be addressed. The recommendations cannot be supported solely by a history of prior accommodations or self-report.

6. **Permanent/Unchanging Medical/Psychological Conditions:** If the condition is of a permanent or unchanging nature (e.g., cerebral palsy, diabetes), the disability documentation does not need to include an extensive listing of test instruments if it indicates that the functional impact of the disability or chronic health condition is unchanging or permanent.

7. **The Accommodation Must Be Connected to the Condition:** Each accommodation recommended by the health care provider must include a basis for the recommendation that is related to the difficulties presented by the student. Accommodation requests that do not provide evidence of the current functional impairment that supports the recommended accommodation will not be accepted. The health care provider must describe the type and degree of impact the medical/psychological condition has on the student's academic and test-taking ability.

8. **Duration of the Validity of the Documentation:** Although some individuals have longstanding or permanent diagnoses, it is essential that a student provide recent and appropriate documentation from a qualified health professional because of the changing manifestations of physical, psychological, and neurological conditions. Updated documentation must be provided: (1) if the health care provider recommends an accommodation of a temporary or limited nature; (2) the condition is of a temporary nature; (3) the student requests additional accommodations; or (4) a change in behavior or an accommodation need is observed by the Law School.

9. **Prior Accommodations:** Information on prior accommodations based on a disability should be provided because it helps to substantiate the need for an accommodation, but cannot be used as a substitute for documentation from a health care provider.

10. **Medical Devices/Food/Beverages:** Medical devices (such as a glucose monitor, oxygen tank, and asthma inhalers), snacks, and beverages that are needed in the classroom and testing rooms must be requested and approved in advance of the semester.

II. General Guidelines on Updated Documentation

The length of time for which documentation will be considered valid varies depending on the physical and psychological condition. (See Section I (7)) For example, documentation concerning a broken leg will be valid until the health care provider's estimated date of full recovery. If the recovery is longer, updated documentation will be needed. There are also situations where a condition may change, warranting an adjustment in accommodations. The adjustment will have to be supported by updated documentation. Generally, updated documentation should:

1. Restate the current diagnosis, including date(s) for all prior diagnoses and data (if applicable) that were used to establish each diagnosis (self-report by the student is not evidence);

2. Verify the continuing weaknesses in those areas identified in prior evaluation(s). Clinical interviews and examinations should be supplemented with appropriate testing (e.g., neuropsychological and psychoeducational testing; cognitive, achievement, and personality profiles);

3. Discuss current functional limitations due to the disability, including information regarding its frequency, duration, and impact on academic performance and test taking;

4. Include observational data gathered during the evaluation, such as affect, concentration, attentional fatigue, executive functioning, personal hygiene, response to questions and any other relevant observations; and

5. Discuss how the requested reasonable accommodation will assist the disabled student to function academically. A description of how the requested accommodation will impact the student's academic ability should be included.

III. Additional Documentation Requirements Based on the Medical/Psychological/Neurological Condition

A. Psychiatric Disabilities

1. Source of Documentation

Documentation for a psychiatric disability must come from one or more qualified health care professionals/evaluators who are:

- Psychiatrists;
- Licensed psychologists;
- Neuropsychiatrists;
- Clinical social workers;

- School psychologists; and/or
- Psychiatric nurse practitioners.

2. Diagnostic Interview, Renew of Relevant History, Records, and Summary

A diagnostic summary should include, but is not limited to, the following information:

- date of onset of disorder, delineation of symptoms, and the severity and duration of the symptoms;

- relevant developmental and historical information;

- discussion of the present and ongoing symptoms that meet the DSM-V or ICD-10-CM diagnostic criteria for an identified psychiatric disorder;

- symptoms of the diagnosed disorder that are present, ongoing, and interfere with the student's academic functioning, resulting in a request for reasonable accommodations;

- current functional limitations in an academic and test-taking situation that are related to the diagnosis and symptoms;

- relevant medical and medication history, including relevant side effects of medication; and

- delineation of a differential diagnosis, including and explanation of alternative diagnoses that were considered and the reasons why they were eliminated.

B. Psychotropic Medications and Documentation Requirements

Any student applying for accommodations based on a psychiatric disability and who is being treated with psychotropic medications should provide as part of the supporting documentation:

1. Name of each medication;
2. Dose regimen;
3. Documented side effects of the medication, specifically those side effects that are experienced by the student;
4. How the side effects may affect the student's ability to function in the classroom and take tests; and
5. The reasonable accommodation that is needed based on the effects of the medication.

C. Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder

1. Description and Diagnosis Criteria. A pattern of inattention and/or hyperactivity that interferes with functioning and/or development. Symptoms must meet the criteria as provided by the DSM-5 (or most current version) or the ICD-10-CM (or most current version). Symptoms must have been: (1) present for a minimum of six (6) months; (2) present in two or more settings (e.g. home, school, work); and (3) shown to have interfered with the quality of academic, social, or occupational functioning. Symptoms should not meet the criteria for an alternative diagnosis such as Oppositional/Defiant Disorder, Mood Disorder, Anxiety Disorder, Substance Abuse, or Receptive/Expressive Language Disorder.

2. **Test scores alone are not sufficient to establish an ADHD/ADD diagnosis.** Test scores or subtest scores should not be used as the sole basis for the diagnosis. A comprehensive neuropsychological or psycho-educational assessment, which can identify the individual's pattern of strengths, weaknesses, and patterns supportive of attention problems, must be accompanied by data demonstrating a pattern of real-world functional impairment which are no more than four (4) years old. However, the Law School reserves the right to request updated documentation sooner than four (4) years if a change in behavior or accommodation needs is observed.

D. Autism

Clinical discussions and testing of the following symptoms commonly associated with Autism should be submitted: cognitive, executive functioning, expressive and receptive language and communication, sensory-motor integration, visual-perceptual motor skills, attention, and memory skills, and any psychiatric, personality, and behavioral assessments. A discussion of academic achievement/deficiency in areas such as reading, writing, oral, and comprehension should also be included.

E. Hearing Loss

To support a reasonable accommodation request based on hearing loss, a recent audiogram or audiometric report should be submitted, including the date when the hearing loss was diagnosed. Hearings aids and cochlear implants may be worn without an accommodation approval, but other forms of listening devices will require approval from BLS. Such requests must specify how the device is necessary in a learning and testing environment.

F. Vision Impairment

For legal blindness (visual acuity in the better eye is 20/200 or less with correction or the widest part of the visual filed covers an angle no greater than 20 degrees) or low vision (severe visual impairment that can be improved, but not fully resolved by corrective lenses), the health care provider's documentation should include information on oculomotor skills, visual field, eye health, correction for near and distance vision, and whether the impairment is progressive or stable.

G. Learning Disabilities

Documentation to establish the existence of a learning disability and the need for accommodations should include: (1) a summary of the diagnostic and clinical interview; (2) an assessment of cognitive and academic functioning; (3) a list of tests that were administered; (4) an interpretation of the results; (5) a clear diagnosis; (6) a discussion of functional strengths and weaknesses; and (7) accommodation recommendations.

1. Diagnostic Interview and History

Learning disabilities are commonly manifested during childhood, though not always formally diagnosed. When coexisting with giftedness, learning disabilities may not be identified or diagnosed

until adolescence, when learning tasks become more challenging and academic difficulties increase. Therefore, relevant historical information regarding the applicant's academic history and learning processes in elementary, secondary, and postsecondary education must be investigated and documented. A combination of applicant's self-report, interviews with others, and historical documentation, such as a review of the applicant's transcripts and prior standardized test scores, is recommended.

The evaluator should provide a summary that includes:

- a description of the presenting problem(s);
- developmental history, including language acquisition milestones and early motor skill development;
- relevant medical history, including the absence of a medical basis for the present symptoms;
- academic history, including areas of uneven academic achievement, results of prior standardized testing taken with or without accommodations;
- participation in special programs such as a special-education class, pull-out class, or program for gifted and talented students;
- reports of unevenness in classroom performance and behavior;
- relevant family history, including primary language of the home and the applicant's current level of fluency of English;
- relevant psychosocial history;
- relevant employment history;
- a discussion of pre-existing or coexisting disorders, including behavioral, medical, neurological, and/or personality disorders, along with any history of medication use that may affect the individual's learning;
- a description of auxiliary aids, services and accommodations used; and
- an exploration of feasible alternative conditions that may mimic a learning disability when, in fact, one is not present.

2. Psychometric Assessment

The neuropsychological or psycho-educational report evaluation must provide clear, objective evidence of a *substantial limitation to learning*. Any resulting diagnosis must be based upon a pattern of performance across a comprehensive, individualized, standardized, and norm-appropriate assessment battery. A list of a variety of acceptable tests is included below. Any factors influencing the validity of the testing must be described. For example, if the student regularly takes

medication but did not do so on the day of the testing, the evaluator should address the potential impact on test results and functioning.

A neuropsychological or psycho-educational report must include the following:

(1) Aptitude/Cognitive Ability: A valid intellectual assessment with all subtests and standard scores. Brief forms of such assessments (e.g., KBIT-2, WASI) are not acceptable for initial documentation, but in some cases, may be suitable for a documentation update.

(2) Academic Achievement: A comprehensive academic achievement battery. The battery must assess basic and higher order skills of reading (sight vocabulary, decoding, sentence, text comprehension, and timed reading comprehension), writing (spelling, grammar, ideation), verbal expression, and math (calculation and reasoning), as well as fluency (timed performance) in these academic areas.

(3) Areas of Higher Cortical Functioning: Based upon the nature of the referral, the applicant's clinical presentation, and prior test results, a licensed evaluator should assess functional abilities in the following domains, and in any additional domains to be appropriate to the diagnosis and the individual's requested accommodations:

- memory (auditory, visual, and verbal) including acquisition, recall, retrieval, retention, and recognition);
- processing speed and cognitive and academic fluency including timed and untimed measures of verbal fluency (e, g., naming fluency), visual-perceptual fluency, psychomotor or graph motor tasks, decision, and academic fluency;
- attention (e.g., visual, and auditory spans of attention, scanning tasks, and vigilance assessment, including continuous performance tasks) Self-report inventories alone are not sufficient to evaluate attention. Continuous performance tests should be administered on and off medications prescribed for ADHD;
- sensory-perceptual functioning and tests of sensory perceptual integration;
- executive functioning tests that address planning ability, organization, prioritization, sequencing ability problem solving, cognitive flexibility, impulsivity, vulnerability to interference, and capacity for self-monitoring;
- motor and psychomotoring functioning (e.g., tests of dexterity and handedness) where motor impairments may interfere with academic functioning;
- performance/testing/symptom validity; and
- visual acuity and need for prescription eyeglasses.

The choice of the psychometric assessment battery should be guided by the overall objective(s) of the evaluation, the individual needs of the applicant, sound clinical judgment, and prevailing professional practices. If the most recent form of any normed measure is not used, an explanation must be provided.

3. Informal measures. Other assessment measures, such as classroom tests and informal assessment procedures or observations, may be helpful in determining performance across a variety of domains. Information from formal assessment measures may be integrated with these informal diagnostic measures to help rule in or rule out the learning disability, to differentiate it from coexisting neurological and/or psychiatric disorders (i.e., to establish a differential diagnosis), or to support a recommendation for a specific accommodation (e.g., practice tests given in timed vs. untimed formats, measures given in paper vs. computer formats). It is important that the battery of standardized measures used in the diagnosis of a learning disability be broad enough to identify deficits and strengths within the applicant's cognitive profile. A profile that is consistently below average in cognitive, processing, and achievement areas is highly unlikely to meet the criteria for a diagnosis of a learning disability.

4. Error analysis. An analysis of specific errors in performance on relevant assessment measures and other informal areas is essential to diagnosis and accommodation. A narrative description, discussion, and interpretation of the kinds of errors made by the applicant (e.g., computational inaccuracies vs. conceptual math errors; spelling or reading mistakes; missing easier items; and correctly answering more difficult items) and the consistency in patterns of errors is useful.

5. Behavioral observations. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests to further develop a clinical hypothesis. A qualitative description of test behaviors and strategies used by the applicant in the testing process should be part of the comprehensive report. This description may include signs of anxiety, fatigue, or motivational issues.

6. Test Scores from Standardized Instruments Must Be Provided. Standard scores and percentiles must be provided for all normed measures. The evaluator must indicate whether age or grade norms were utilized. Grade and age equivalents must also be accompanied by standard scores and/or percentiles. The data must logically reflect a substantial limitation to learning for which the candidate is requesting the accommodation. The profile of the candidate's strengths and weaknesses must relate to functional limitations that require accommodations.

The tests used must be reliable, valid, and standardized for use with an adolescent/adult population and whenever possible, the most recently normed version of the test should be used. The test findings must document both the nature and the severity of the learning disability. Informal inventories, surveys, and direct observation by a qualified professional may be used in tandem with formal tests to further develop a clinical hypothesis.

7. Each Accommodation Recommended by the Evaluator Must Include a Basis for the Recommendation

The documentation must include specific recommendations for accommodation(s) as well as a detailed explanation of why each accommodation is recommended. The data must logically reflect a substantial limitation to learning for which the applicant is requesting the accommodation. The profile of the applicant's strengths and weaknesses must be shown to relate to functional limitations and the requested accommodation(s). The evaluator should link suggested accommodations to specific academic task demands. The evaluator should support recommendations with a rationale based upon specific test results and/or clinical observations. For example, if extended time is recommended as an accommodation, evidence must demonstrate that the individual’s performance will be adversely impacted by standard time limitations. If no prior accommodation has been

provided, the qualified professional and/or the applicant should include a detailed explanation of why no accommodations were used in the past and why an accommodation is needed at this time.

8. An Interpretative Summary Must Be Provided by the Evaluator

A summary based on a comprehensive evaluation process must be included in a current evaluation or an evaluation update. If tests are given by different evaluators, one evaluator should take responsibility for providing a cohesive interpretative summary that includes the information from all testing. Assessment instruments and the data they generate provide crucial elements that must be integrated by the evaluator with background information, observations of the applicant during the testing situation, and the current context to arrive at a diagnostic conclusion. The summary must include:

(1) evidence that the evaluator ruled out alternative explanations for academic problems, such as limited educational exposure, poor motivation and/or study skills, emotional problems, attentional problems, and cultural/language differences;

(2) evidence of how patterns in cognitive ability, achievement, and information processing are used to determine the presence of a learning disability;

(3) evidence of the substantial limitation to learning presented by the learning disability and the degree to which it affects the individual in the testing context for which accommodations are being requested; and

(4) evidence of why a specific accommodation is needed and how the effects of the specific disability are mitigated by the accommodation;

(5) Any record of use of accommodations or auxiliary aids, including information about specific conditions under which the accommodations were used such as standardized testing, final exams, and licensing or certification examinations.

IV. LIST OF POPULAR TESTING MEASURES

The following list includes a variety of commonly utilized standardized measures for diagnosing Learning Disabilities, Attention Deficit Disorder, Psychiatric Disorders, and Autism. It is meant to be a helpful resource. It is not a definitive list. As stated earlier in general guidelines section, self-assessments, standing alone, are insufficient to support an accommodation request. Such request must be accompanied by recent, objective testing.

Tests of Intellectual Functioning

- *Kaufman Adolescent and Adult Intelligence Test*
- *Reynolds Intellectual Assessment Scales (RIAS)*
- *Stanford-Binet 5 (SB5)*
- *Test of Non-Verbal Intelligence (TONI-3)*
- *Wechsler Adult Intelligence Scale*
- *Woodcock-Johnson IV – Tests of Cognitive Ability*

The *Slosson Intelligence Test – Revised, Wechsler Abbreviated Scale of Intelligence (WASI)* and the *Kaufman Brief Intelligence Test (KBIT-2)* are primarily screening devices which are not comprehensive enough to provide the kinds of information necessary to make accommodation(s) decisions.

Attention, Memory, Learning

- *Brown Attention Deficit Disorder Scale*
- *California Verbal Learning Test (CVLT-II)*
- *Connors' Adult ADHD Rating Scale – Self Report*
- *Conner's' Continuous Performance Test-II (CPT-II)*
- *Detroit Test of Adult Learning Aptitude (DTLA-A)*
- *Detroit Test of Learning Aptitude – 3 (DTLA-3)*
- *Halstead-Reitan Neuropsychological Test Battery*
- *Integrated Visual and Auditory Continuous Performance Test (IVA+Plus)*
- *Test of Variable Attention (TOVA)*
- *Wide Range Assessment of Memory and Learning – Second Edition (WRAML-2)*
- *Wechsler Memory Scales – IV*
- *Wender Utah Rating Scale (for ADHD)*

Executive Functioning

- *D-KEFS*
- *Stroop Color Word Test*
- *Trail-Making Test Parts A and B*
- *Wisconsin Card Sorting Test*

Visual – Perceptual – Motor

- *Beery VMI*
- *Brief Visual-Spatial Memory Test*
- *Finger-Tapping Test*
- *Grooved Pegboard Test*
- *Purdue Pegboard Test*
- *Rey-Osterrieth Complex Figure Drawing Test*
- *Bender Visual Motor Test*

Language Skills

- *Boston Naming Test*
- *Comprehensive Test of Phonological Processing (CTOPP)*

- *Peabody Picture Vocabulary Test-III (PPVT-III)*
- *Test of Adolescent and Adult Language (TOAL-3)*
- *Expressive Vocabulary Tests*

Tests of Achievement

- *Gray Oral Reading Test (GORT 4th Ed)*
- *Nelson-Denny Reading Test*
- *Scholastic Abilities Test for Adults (SATA)*
- *Stanford Diagnostic Mathematics Test*
- *Stanford Test of Academic Skills (TASK)*
- *Test of Adolescent and Adult Word Finding (TAWF)*
- *Test of Written Language – 3 (TOWL-3)*
- *Wechsler Individual Achievement Test – III (WIAT-III) or specific achievement tests such as:*
- *Woodcock-Johnson – Tests of Achievement*
- *Woodcock Reading Mastery Tests – Revised*

Issued September 22, 2015
Latest Revision August 12, 2024